

## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

### LINEAR MASS DAMPER MOUNTING ASSEMBLY

the application of which (check one)

☒ [X] is attached hereto.

☐ [ ] was filed on \_\_\_\_\_ as Application  
Serial No. \_\_\_\_\_ and was amended  
on \_\_\_\_\_ (if applicable).

I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, section 1.56.

I hereby claim the benefit under Title 35, United States Code, 119(e) of any United States Provisional application(s) listed below:

#### PRIOR PROVISIONAL APPLICATIONS

60/409,628  
(Application number)

September 10, 2002  
(Month / Day / Year filed)

All statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint all attorneys associated with **Customer Number 29293**, who are registered Patent Attorneys, my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to the correspondence address information associated with **Customer Number 29293**.

## DECLARATION AND POWER OF ATTORNEY

Full name of first inventor: Markus Dürre

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: 1323 Natalie Lane, Apt. 304, Ann Arbor, MI 48105

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_